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5 Attorneys for Plaintiff, RONALD RICHMAN

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9 UNITED STATES DISTRICT COURT

10 NORTHERN DISTRICT OF CALIFORNIA

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12 RONALD RICHMAN, ) Case No. C07-05317 JCS  
13 Plaintiffs, )  
14 vs. ) AMENDED INITIAL DISCLOSURES  
15 UNITED STATES OF AMERICA, et al. )  
16 Defendants. )  
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18 Plaintiff, RONALD RICHMAN, hereby submits the following Initial Disclosures  
19 pursuant to Fed. R. Civ.26:

20 A. Names of Individuals With Discoverable Information:

21 1. Ronald Richman, 565 Hamburg Circle, Clayton, CA 94516, Tel. 925-672-3210;  
22 2. Cheryl Richman, 565 Hamburg Circle, Clayton, CA 94516, Tel. 925-672-3210;  
23 3. Tom Rasmussen (witness), 1305 NH PMB 321, Longpoc, CA 93436, Tel. 805-  
24 717-9454;  
25 4. Peter Lacy (adverse driver), Defendant's employee, address unknown;

AMENDED INITIAL DISCLOSURES

- 1 5. Kenton Coyle (supervisor), 550 Sally Ride Drive, Concord, CA 94520;
- 2 6. Jason Smith, M.D., 425 Gregory Lane #201, Pleasant Hill, CA 94523, Tel. 925-
- 3 726-0148;
- 4 7. James Stark, M.D., 900 Hyde Street, San Francisco, CA 94109, Tel. 415-441-
- 5 6321;
- 6 8. Maria Faint (adjuster handling workers' compensation claim), Tel. 925-335-
- 7 1410;

8 B. Attached Documents:

- 9 1. Claim of employer, (Exhibit A);
- 10 2. Itemization of employer's lien (Exhibit B);
- 11 3. Vehicle accident report with attached black and white copies of the damage to
- 12 plaintiff's employer's vehicle (Exhibit C); and
- 13 4. Medical records and reports in plaintiff's workers' compensation file, Contra
- 14 Costa County Risk Management, 2530 Arnold Drive, Suite 140, Martinez, CA
- 15 94553, Tel. 925-335-1410;
- 16 5. Medical records and reports from Muir/Diablo Occupational Medicine, 1981 N.
- 17 Broadway, Suite 190, Walnut Creek, CA 94596, Tel. 925-932-7715;
- 18 6. Medical records and reports from Jason A. Smith, M.D., 425 Gregory Lane
- 19 #201, Pleasant Hill, CA 94523, Tel. 925-726-0148;
- 20 7. Medical records and reports from James Stark, M.D., 900 Hyde Street, San
- 21 Francisco, CA 94109, Tel. 415-441-6321;
- 22 8. Physical Therapy Records from Alhambra Physical Therapy, 1923 Oak Park
- 23 Boulevard, Pleasant Hill, CA 94523, Tel. 925-930-0545;

- 1 9. Medical records and reports from John Muir Hospital, 1601 Ygnacio Valley
- 2 Road, Walnut Creek, CA 94598;
- 3 10. Medical records and reports from Clayton Valley Medical Group, 1520 Kirker
- 4 Pass Road, Suite A, Clayton, CA 94517, Tel. 925-672-6744;
- 5 11. Medical records and reports from Valley Care Medical Center, 5555 West Las
- 6 Positas Boulevard, Pleasanton, CA 94588;
- 7 12. Medical records and reports from James D. Fountaine, M.D., 5725 West Las
- 8 Positas Boulevard, Pleasanton, CA 94588;
- 9 13. Physical therapy records from Cornerstone Physical Therapy, 2255 Ygnacio
- 10 Valley Road, Walnut Creek, CA 94598, Tel. 925-947-6666;
- 11 14. Employment records and retirement information from the County of Contra
- 12 Costa, 550 Sally Ride Drive, Concord, CA 94520.

14 C. Computation of Damages:

- 15 1. Medical expenses: \$21,513.00 (per workers' compensation carrier's
- 16 itemization);
- 17 2. Past wage loss: \$126,000.00 (\$4,345.00 per month x 29 months);
- 18 3. Future wage loss: \$350,000.00 (present value of \$4,345.00 per month x 8 years);
- 19 4. General damages, according to proof.

20 D. Disclosure of Expert Witnesses

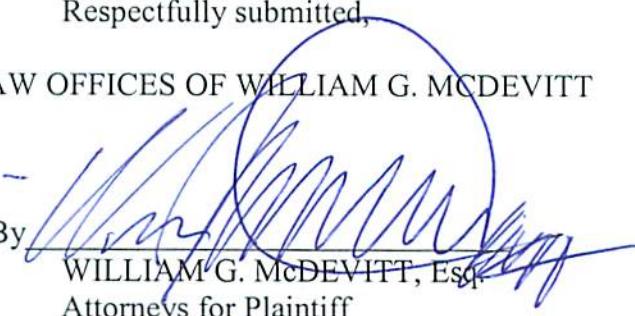
- 21 1. Jason Smith, M.D., 425 Gregory Lane #201, Pleasant Hill, CA 94523, Tel. 925-726-
- 22 0148;

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2. James Stark, M.D., 900 Hyde Street, San Francisco, CA 94109, Tel. 415-441-  
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DATED: April 15, 2008

Respectfully submitted,  
LAW OFFICES OF WILLIAM G. MCDEVITT  
By   
WILLIAM G. McDEVITT, Esq.  
Attorneys for Plaintiff

*Richman v. United States of America, et al.*  
USDC Case No. C07-05317 JCS

**PROOF OF SERVICE (Code Civ. Proc. § 1013a)**

I am a citizen of the United States. My business address is 222 Rush Landing Road, P.O. Box 6169, Novato, CA 94948. I am employed in the County of Marin, where this mailing occurs. I am over eighteen years of age and not a party to the within cause. On the date set forth below, I served the attached document described as:

**AMENDED INITIAL DISCLOSURE**

on the following person(s) in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

Mark A. Cartier, Esq.  
Thomas Lyding Cartier & Gaus, LLP  
3100 Oak Road, Suite 310  
P. O. Box 8072  
Walnut Creek, CA 94597  
T: 925-930-7270  
F: 925-256-8148  
**Attorneys for Defendants**

[X] **(BY MAIL)** I am readily familiar with my firm's practice for collection and processing of correspondence for mailing with the United States Postal Service, to wit, that correspondence will be deposited with the United States Postal Service this same day in the ordinary course of business. I sealed said envelope and placed it for collection and mailing on April 16, 2008, following ordinary business practices.

[ ] **(BY EXPRESS MAIL OVERNIGHT DELIVERY)** I caused each envelope, with delivery fees provided for, to be deposited in a box regularly maintained by the US Postal Service. I am readily familiar with Brayton Purcell's practice for collection and processing of correspondence for overnight delivery and know that in the ordinary course of Brayton Purcell's business practice the document described above will be deposited in a box or other facility regularly maintained by the US Postal Service at Novato, California on the same date that it is placed at Brayton Purcell for collection

[ ] **(BY FACSIMILE)** I caused said documents to be transmitted by facsimile machine to the number indicated after the address(es) noted above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on April 16, 2008, at Novato, California.

  
Krystal Correia

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency:  United States Department of Agriculture Animal and Plant Health Inspection Service California Wildlife Services State Director 3419-A Arden Way, Sacramento, CA 95825		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)  Claimant County: 2530 Arnold Dr., # 140, Martinez, CA 94553 Attorney: Thomas, Lyding, Cartier & Gaus, P.O. Box 8072, Walnut Creek, CA 94597			
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. or P.M.)	
<input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	N/A	N/A	10-24-05	PM	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)  Peter Lacy was an employee of the US Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services, and Ronald Richman was an employee of the County of Contra Costa. On 10-24-05 at Buchanan Field in Contra Costa County, California, Ronald Richman was driving a vehicle, and was struck by the vehicle negligently driven by Peter Lacy. Peter Lacy drove his vehicle into the rear of the vehicle Ronald Richman was driving. The County of Contra Costa has provided workers compensation benefits to or on behalf of Ronald Richman for the injury sustained in the 10-24-05 incident. There was property damage to the vehicle owned by the County of Contra Costa and driven by Ronald Richman.					
9. PROPERTY DAMAGE  NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) County of Contra Costa, 2530 Arnold Drive, #140, Martinez, CA 94553.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)  Damage to the rear of the vehicle driven by Ronald Richman, and to the front of the vehicle driven by Peter Lacy.					
10. PERSONAL INJURY/WRONFUL DEATH  STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.  Ronald Richman alleges that he sustained a cervical disc herniation and shoulder strain. He also alleges a psychiatric injury as a consequence of the orthopedic claim.					
11. WITNESSES  NAME ADDRESS (Number, street, city, State, and Zip Code) Tom Rasmussen 1305 N. H. PMB 321, Lompoc, CA 93436					
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)  12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 1,989.66 200,000.00 201,989.66					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)			13b. Phone number of signatory	14. DATE OF CLAIM (925) 930-7270 10-16-2007	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)					

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

**A. Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim

## INSTRUCTIONS

Complete all items - insert the word **NONE** where applicable

**A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF**

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch

Civil Division

U.S. Department of Justice

Washington, DC 20530

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance?  Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number.  No

The County of Contra Costa is permissibly uninsured for workers compensation liability, and it has provided workers compensation benefits to or on behalf of Ronald Richman for the 10-24-05 incident; the address for the County of Contra Costa is 2530 Arnold Drive, #140, Martinez, CA 94553. The adjuster is Maria Faint, (925) 335-1410.

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

No.

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)  
N/A

19. Do you carry public liability and property damage insurance?  Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

The County of Contra Costa is permissibly uninsured for workers' compensation liability under the laws of the State of California

No

Rx Date/Time MAR-23-2007(FRI) 09:48  
MAR. 23. 2007 8:49AM C' RISK MANAGEMENT

P. 002

NO. 129 P. 2

## Payment Listing

Richman, Ronald J 59372

From	Through	Check#	Check Date	Method	Vendor	Discount	Amount
Medical							
Doctor/Medical							
12/05/2006	12/05/2006	1458454	02/26/2007	Check	CLAYTON VALLEY	44.54	40.46
11/03/2006	11/03/2006	1457621	02/15/2007	Check	Dickinson, CV, M.D.,	90.14	184.86
09/20/2006	09/20/2006	1456036	02/02/2007	Check	CLAYTON VALLEY	12.02	37.98
11/07/2006	11/07/2006	1455087	01/29/2007	Check	CLAYTON VALLEY	44.54	40.46
08/30/2006	08/30/2006	1454997	01/26/2007	Check	SMITH, M.D., JASON A.	147.69	179.31
10/09/2006	10/09/2006	1451463	12/21/2006	Check	CLAYTON VALLEY	44.54	40.46
09/20/2006	09/20/2006	1450139	12/14/2006	Check	CLAYTON VALLEY	16.02	33.98
09/07/2006	09/07/2006	1448087	11/27/2006	Check	CLAYTON VALLEY	84.54	40.46
06/09/2006	06/09/2006	1447384	11/17/2006	Check	Kaiser	193.36	83.94
08/14/2006	08/14/2006	1446204	11/07/2006	Check	CLAYTON VALLEY	44.54	40.46
05/26/2006	05/26/2006			Paper Transaction	Kaiser	277.30	0.00
05/12/2006	05/12/2006	1443298	10/04/2006	Check	Kaiser	193.36	83.94
07/19/2006	07/19/2006	1442298	09/25/2006	Check	CLAYTON VALLEY	44.54	40.46
05/21/2006	05/21/2006	1442323	09/25/2006	Check	CA EMERGENCY	97.79	87.21
07/10/2006	07/10/2006	1441933	09/20/2006	Check	Northern California Spine	65.55	79.75
06/23/2006	06/23/2006	1441984	09/20/2006	Check	BAY IMAGING	16.80	15.20
06/28/2006	06/28/2006	1440228	08/29/2006	Check	CLAYTON VALLEY	44.54	40.46
04/06/2006	04/06/2006	1440257	08/29/2006	Check	Kaiser	86.89	33.11
06/23/2006	06/23/2006	1440307	08/29/2006	Check	Northern California Spine	202.17	372.83
06/15/2006	06/15/2006	1439178	08/17/2006	Check	CLAYTON VALLEY	44.54	40.46
03/21/2006	03/21/2006	1436981	07/28/2006	Check	Kaiser	86.89	33.11
05/18/2006	05/18/2006	1436844	07/26/2006	Check	Northern California Spine	37.40	47.60
05/03/2006	05/03/2006	1434560	06/29/2006	Check	Northern California Spine	228.62	496.38
		1424338	03/14/2006	Void	HILL, DO, DICKIE L.	-27.40	-47.60
02/24/2006	02/24/2006	1432875	06/19/2006	Check	Kaiser	123.01	59.29
04/03/2006	04/03/2006	1432367	06/13/2006	Check	Northern California Spine	123.96	274.04
12/22/2005	12/22/2005	1430233	05/17/2006	Check	Kaiser	233.50	76.50
01/23/2006	01/23/2006	1430263	05/17/2006	Check	Kaiser	123.01	59.29
10/24/2005	10/24/2005	1428514	04/26/2006	Check	Occupational Physicians	453.65	25.97
02/02/2006	02/02/2006	1424336	03/14/2006	Check	HILL, DO, DICKIE L.	27.40	47.60
12/12/2005	12/12/2005			Paper Transaction	CLAYTON VALLEY	150.00	0.00
12/12/2005	12/12/2005	1419271	01/18/2006	Check	CLAYTON VALLEY	64.97	65.03
12/05/2005	12/05/2005	1417960	01/10/2006	Check	Occupational Physicians	3.61	68.64

EXHIBIT

B

Rx Date/Time MAR-23-2007(FRI) 09:48  
MAR. 23. 2007 8:50AM CF RISK MANAGEMENTP. 003  
NO. 129 P. 3

From	Through	Check#	Check Date	Method	Vendor	Discount	Amount
11/21/2005	11/21/2005	1416769	01/03/2006	Check	Occupational Physicians	3.61	68.64
11/03/2005	11/03/2005	1415818	12/21/2005	Check	Occupational Physicians	7.29	117.65
10/27/2005	10/27/2005	1414766	12/15/2005	Check	Occupational Physicians	3.61	68.64
10/24/2005	10/24/2005	1414530	12/14/2005	Check	Occupational Physicians	65.95	413.67
Totals for Doctor/Medical						3,524.49	3,390.24
Appliances (Crutches, Beds)				Cancelled	Occupational Physicians	0.00	0.00
10/24/2005	10/24/2005				Totals for Appliances (Crutches, Beds)	0.00	0.00
Physical therapy							
03/17/2006	03/17/2006	1431060	05/30/2006	Check	Cornerstone Physical	39.66	74.73
03/10/2006	03/10/2006	1430250	05/17/2006	Check	Cornerstone Physical	25.36	70.58
03/03/2006	03/03/2006	1428518	04/26/2006	Check	Cornerstone Physical	25.36	70.58
02/24/2006	02/24/2006	1427733	04/18/2006	Check	Cornerstone Physical	25.36	70.58
01/27/2006	01/30/2006	1424751	03/17/2006	Check	Cornerstone Physical	50.72	141.16
01/20/2006	01/23/2006	1423904	03/08/2006	Check	Cornerstone Physical	51.67	141.44
01/11/2006	01/17/2006	1423339	03/03/2006	Check	Cornerstone Physical	76.95	199.42
11/28/2005	11/28/2005	1417970	01/10/2006	Check	HEALTH & FITNESS	32.74	66.99
11/21/2005	11/23/2005	1417195	01/04/2006	Check	HEALTH & FITNESS	54.70	118.13
11/14/2005	11/18/2005	1416787	01/03/2006	Check	HEALTH & FITNESS	101.30	198.26
Totals for Physical therapy						463.82	1,151.87
Hospital							
06/23/2006	06/23/2006			Paper Transaction	VALLEY MEMORIAL	5,988.80	0.00
05/21/2006	05/21/2006	1442316	09/25/2006	Check	John Muir Medical	414.73	116.02
08/23/2006	06/23/2006	1441423	09/13/2006	Check	VALLEY MEMORIAL	5,376.71	612.09
05/03/2006	05/03/2006	1435789	07/18/2006	Check	VALLEY MEMORIAL	5,169.53	631.02
Totals for Hospital						16,949.77	1,359.13
Pharmacy							
08/06/2006	08/08/2006	1446263	11/07/2006	Check	WALGREENS	112.45	35.18
08/09/2006	06/09/2006	1445264	10/30/2006	Check	Kaiser	22.70	16.45
Totals for Pharmacy						135.15	51.63
Utilization review							
01/25/2006	01/25/2006	1425472	03/24/2006	Check	Comprehensive	0.00	150.00
01/31/2006	01/31/2006	1425476	03/24/2006	Check	Comprehensive	0.00	198.75
02/24/2006	02/24/2006	1424637	03/16/2006	Check	Comprehensive	3.00	147.00
02/14/2006	02/14/2006	1424440	03/15/2006	Check	Comprehensive	0.00	198.75
12/22/2005	12/22/2005	1418560	01/13/2006	Check	Comprehensive	3.00	147.00
Totals for Utilization review						6.00	841.50
Nurse Case Management							
01/04/2007	02/05/2007	1458712	03/05/2007	Check	CHOICES CASE	0.00	638.88
12/09/2006	01/04/2007	1455242	01/31/2007	Check	CHOICES CASE	0.00	117.60
11/05/2006	12/08/2006	1453765	01/16/2007	Check	CHOICES CASE	0.00	254.80

Rx Date/Time MAR. 23. 2007 8:50AM CR RISK MANAGEMENT

P. 004

NO. 129 P. 4

From	Through	Check#	Check Date	Method	Vendor	Discount	Amount
10/03/2006	11/04/2006	1448453	11/30/2006	Check	CHOICES CASE	0.00	176.40
08/12/2006	09/06/2006	1447784	11/21/2006	Check	CHOICES CASE	0.00	625.78
09/07/2006	10/03/2006	1444558	10/20/2006	Check	CHOICES CASE	0.00	796.78
08/02/2006	08/11/2006	1440656	09/06/2006	Check	CHOICES CASE	0.00	582.00
Totals for Nurse Case Management						0.00	3,192.24
Diagnostic tests (MRI), xray, etc							
12/22/2005	12/22/2005	1452858	01/11/2007	Check	Kaiser	178.56	91.44
05/03/2006	05/03/2006	1436473	07/25/2006	Check	BAY IMAGING	50.20	41.80
01/10/2006	01/10/2006	1425354	03/22/2006	Check	MEISEL, M.D.,	185.00	495.00
Totals for Diagnostic tests (MRI, xray, EMG, etc)						413.76	628.24
PPO fee							
		1458314	02/26/2007	Check	Valley Oak Systems		0.86
		1454836	01/26/2007	Check	Valley Oak Systems		0.86
		1454836	01/26/2007	Check	Valley Oak Systems		0.67
		1451128	12/21/2006	Check	Valley Oak Systems		0.86
		1448629	12/13/2006	Check	Valley Oak Systems		0.72
		1447807	11/22/2006	Check	Valley Oak Systems		0.86
		1445656	11/02/2006	Check	Valley Oak Systems		0.86
		1442175	09/25/2006	Check	Valley Oak Systems		0.86
		1441462	09/15/2006	Check	Valley Oak Systems		0.50
		1440997	09/12/2006	Check	Valley Oak Systems		2.27
		1439980	08/28/2006	Check	Valley Oak Systems		0.86
		1438751	08/15/2006	Check	Valley Oak Systems		0.86
		1430480	05/23/2006	Check	Valley Oak Systems		1.00
		1429804	05/15/2006	Check	Valley Oak Systems		0.94
		1428134	04/25/2006	Check	Valley Oak Systems		0.94
		1427526	04/17/2006	Check	Valley Oak Systems		0.94
		1424381	03/15/2006	Check	Valley Oak Systems		1.88
		1423568	03/07/2006	Check	Valley Oak Systems		1.88
		1423236	03/02/2006	Check	Valley Oak Systems		2.66
		1418938	01/18/2006	Check	Valley Oak Systems		1.38
		1417837	01/10/2006	Check	Valley Oak Systems		0.43
		1417837	01/10/2006	Check	Valley Oak Systems		1.10
		1416898	01/04/2006	Check	Valley Oak Systems		1.93
		1416554	12/30/2005	Check	Valley Oak Systems		3.20
		1416554	12/30/2005	Check	Valley Oak Systems		0.43
		1415432	12/21/2005	Check	Valley Oak Systems		0.74
		1414316	12/14/2005	Check	Valley Oak Systems		0.43
		1414075	12/13/2005	Check	Valley Oak Systems		2.61

Rx Date/Time MAR-23-2007(FRI) 09:48  
MAR. 23. 2007 8:50AM CC RISK MANAGEMENT

P. 005

NO. 129 P. 5

From	Through	Check#	Check Date	Method	Vendor	Discount	Amount
					Totals for PPO fee	0.00	33.53
					Totals for Medical Recovery	21,512.99	10,848.38
							0.00
<b>Temporary Disability</b>							
Temporary Partial (Wage							
11/01/2005	11/13/2005			Voucher	Ronald Richman	0.00	779.30
					Totals for Temporary Partial (Wage Loss)	0.00	779.30
Wage/TTD (CCC only)							
02/01/2007	02/28/2007			Voucher	Ronald Richman	0.00	2,909.80
01/01/2007	01/31/2007			Voucher	Ronald Richman	0.00	3,221.34
12/01/2008	12/31/2008			Voucher	Ronald Richman	0.00	3,221.34
11/01/2005	11/30/2006			Voucher	Ronald Richman	0.00	3,117.43
10/01/2006	10/31/2006			Voucher	Ronald Richman	0.00	3,221.34
08/30/2006	09/30/2006			Voucher	Ronald Richman	0.00	3,325.26
05/21/2005	06/13/2006			Voucher	Ronald Richman	0.00	2,493.94
05/03/2006	05/08/2006			Voucher	Ronald Richman	0.00	623.49
06/23/2008	06/27/2006			Voucher	Ronald Richman	0.00	519.57
					Totals for Wage/TTD (CCC only)	0.00	22,653.31
					Totals for Temporary Disability Recovery	0.00	23,432.61
							0.00
<b>Deposition (non-medical, e.g.</b>							
12/07/2006	12/07/2006	1460835	03/22/2007	Check	BROWN & McDEVITT	0.00	1,155.00
					Totals for Deposition (non-medical, e.g. claimant, witnesses)	0.00	1,155.00

Run Date: 03/23/2007 09:52:17

Run By: TEMPCLK3

VEHICLE ACCIDENT REPORTDATE 10-24-05TIME 1203

ACCIDENT LOCATION

Buchanan Field Airport

74X: N-F

Vehicle Equipment No. 5205Lic. Plate No. ED31248Year/Make/Type 1998

Dodge Ram 1500

County Driver:Name Ron RICHMANDepartment PUBLIC WORKSHome Address 565 HAMBURG CIRCLEHome Phone # 627-3210Work Phone # 646-5772Driver's License # ND105462If Personal or Rental Vehicle,  
Name & Address of Agent \_\_\_\_\_Police Report Taken: Yes        No ✓

Police Dept. \_\_\_\_\_

List Injured Parties:1. Name MYSELF

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Seat Belt Worn By County Driver: Yes ✓ No       Damage to County Vehicle YES BACK OF TRUCKDamage to Other Vehicle YES FRONT OF TRUCKOther Driver:Name Peter Lacy

Oaks Glen Dr

Home Address 9491 OAKS GLEN DRHome Phone # 209-786 8880Work Phone # 209 545 4839Driver's License # 66273936Car: Year 2002 Make FORD Model F150 4X4Registered Owner Market Life ServicesAddress 1654 Fleet mgmt center 701 E. 16thPhone # 524 5222License Plate # 962 1398CInsurance Company Self Ins

Address \_\_\_\_\_

Policy # \_\_\_\_\_

Agents Name \_\_\_\_\_

List Witnesses:1. Name Tom RasmussenPhone # 209-805 717-9454Address 1305 N H PMB 321

Street \_\_\_\_\_

Long Beach CA 90436

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

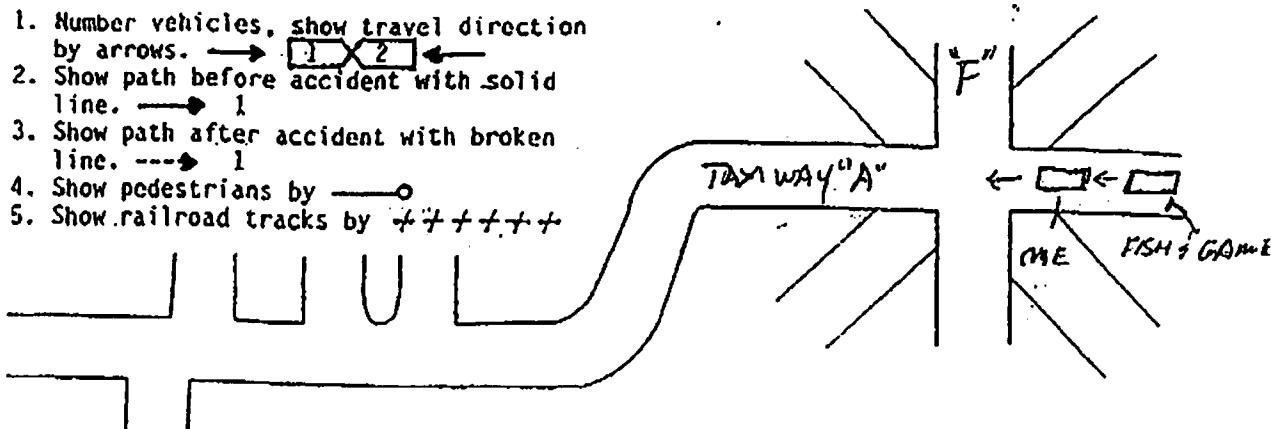
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EXHIBIT

C

PREPARE SKETCH OF ACCIDENT SCENE: Indicate direction, street names, traffic signs, landmarks, etc.

1. Number vehicles, show travel direction by arrows. → 
2. Show path before accident with solid line. → 1
3. Show path after accident with broken line. ---→ 1
4. Show pedestrians by —○
5. Show railroad tracks by + + + + + +



**DESCRIBE HOW ACCIDENT OCCURRED:** Include approximate speeds of involved vehicles; whether any parties appeared to be under the influence of substances, etc. (Add another page if necessary.)

WE WERE LOOKING FOR PIGONS AND I STOPED ON THE  
TAXIWAY FISH & GAME WAS NOT LOOKING AND HIT THE  
BACK OF my TRUCK

**SUPERVISOR'S INVESTIGATION**

**SUPERVISOR'S RECOMMENDATION**

**ACTION COMPLETED** - Yes  No

R DL 10-24-05  
EMPLOYEE'S SIGNATURE DATE

**SUPERVISOR'S SIGNATURE & DATE**

M:VAREP2  
2/1/89

Send Original Report To Risk Management And A Copy  
To General Services Fleet Management Immediately  
Risk Management Telephone No: 646-4155

